

State of Hawaii Department of Health

VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINE ORDER FORM

☐ Reviewed

☐ VAVR

☐ Enrollment/Profile

JANUARY

Date order received

Order sent to dist.

Signature

VFC PROVIDER CODE

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

DATE

DELIVERY ADDRESS (Number and Street--No P.O. Boxes)

CITY

ZIP CODE

☐ CHECK HERE IF THIS IS A NEW ADDRESS

DELIVERY: Please specify all days and times you may receive vaccine

DAY AND TIME

DAY AND TIME

DAY AND TIME

DAY AND TIME

DAY AND TIME

CONTACT PERSON

TELEPHONE

FAX

VACCINES AND VFC FORMS	COMPLETE ENTIRE ROW FOR EACH VACCINE ORDERED INCOMPLETE FORMS WILL NOT BE PROCESSED				Vaccine Shipped in Vials/Units of the Following Sizes	New Vaccine Order
The Vaccine Information Statements for each vaccine will be delivered on a dose per dose basis	Number of Doses (VFC Only) Used Since Last Order. Enter "0" If None	VACCINE INVENTORY				
		Number of Doses (VFC Only) On-Hand	Lot Number	Expiration Date		

REGULAR ORDER VFC VACCINES						
DT (Children aged < 7 years)					10 doses	doses
DTaP					10 doses	doses
DTaP-Hepatitis B-IPV (Pediarix™)					10 doses	doses
Hepatitis B-Pediatric (Children aged < 20 years)					10 doses	doses
Hib					5 doses	doses
IPV					10 doses	doses
MMR					10 doses	doses
Pneumococcal Conjugate (Prevnar®)					5 doses	doses
Td (Children aged ≥ 7 years)					10 doses	doses
Vaccine Administration Visit Records (VAVRs)					25 sheets/pack	packs
Official Lifetime Hawaii Immunization Record Cards					50 cards/pack	packs
VFC Business Reply Labels					25 labels/pack	packs

SPECIAL ORDER VACCINES						
Influenza-With Preservative (Children aged 6 months to 18 years)					10 doses	doses
Influenza-Preservative Free (Children aged 6 to 35 months ONLY)					10 doses	doses
Pneumococcal Polysaccharide (Eligible Groups: Children 2-18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (not including asthma), who are Alaskan Native or American Indian, or who have received a bone marrow transplant)					5 doses	doses
Varicella (Chickenpox) (FROZEN; shipped directly from Merck)					10 doses	doses

INSTRUCTIONS: 1. Print or type

2. Submit order form using **ONE** of the following options (otherwise you may receive a duplicate order):

FAX: (808) 586-8302

MAIL: P.O. Box 3378
Honolulu, HI 96801

QUESTIONS? Please contact VFC at (808) 586-8300 or 1-800-933-4832

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